

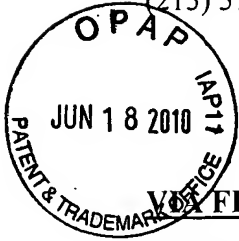


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(215) 575-7128

June 15, 2010



**U.S. FIRST CLASS MAIL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RE: U.S. Patent Application Serial No.: 10/578,550**  
**Title: METHOD OF PRODUCING NANOSTRUCTURE TIPS**  
**Filed: July 6, 2007**  
**Applicant: Brian Ruby**  
**Attorney Docket No.: 09-1540**


Dear Sir/Madam:

In reference to the above-captioned application, transmitted herewith is the following:

1. Transmittal Form (PTO/SB/21) (1 page);
2. Fee Transmittal Form (PTO/SB/17) (1 page);
3. Information Disclosure Statement Under 37 C.F.R. 1.97 (2 pages);
4. Information Disclosure Statement Form (PTO/SB/08A) (1 page);
5. Cited References (74 pages);
6. Credit Card Authorization Form (PTO-2038) (1 page); and
5. a Return Postcard.

The Commissioner is hereby authorized to charge any deficiencies or credit any overpayment in the enclosed amounts to Deposit Account Number 50-0979.

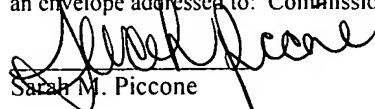
Respectfully submitted,

  
Joseph Miller, III  
Registration No. 61,748

JM/smp  
Enclosures

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and all papers and things referred to herein as being attached, enclosed, transmitted, or otherwise submitted, are being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date shown below:

  
Sarah M. Piccone

Date: June 15, 2010

Doc Code: TRAN.LET

Document Description: Transmittal Letter



PTO/SB/21 (07-09)

Approved for use through 07/31/2012. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/578,550	
	Filing Date	July 6, 2007	
	First Named Inventor	Brian Ruby	
	Art Unit	1715	
	Examiner Name	Joseph Albert Miller, Jr.	
Total Number of Pages in This Submission	81	Attorney Docket Number	09-1540

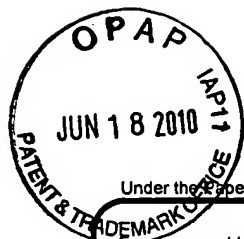
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Transmittal Letter, Cited References, Credit Card Authorization Form, Return Postcard
Remarks <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DILWORTH PAXSON LLP		
Signature			
Printed name	Joseph Miller, III		
Date	June 15, 2010	Reg. No.	61,748

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Sarah M. Piccone	Date	June 15, 2010

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		Application Number	10/578,550
		Filing Date	July 6, 2010
		First Named Inventor	Brian Ruby
		Examiner Name	Joseph Albert Miller, Jr.
		Art Unit	1715
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	09-1540
TOTAL AMOUNT OF PAYMENT	(\$)	180.00	

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>50-0979</u> Deposit Account Name: <u>Dilworth Paxson LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

<b>FEE CALCULATION</b>						
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>						
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>	
	<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	330	165	540	270	220	110
Design	220	110	100	50	140	70
Plant	220	110	330	165	170	85
Reissue	330	165	540	270	650	325
Provisional	220	110	0	0	0	0
<b>2. EXCESS CLAIM FEES</b>						
					<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>
Each claim over 20 (including Reissues)					52	26
Each independent claim over 3 (including Reissues)					220	110
Multiple dependent claims					390	195
<b>Total Claims</b>					<b>Multiple Dependent Claims</b>	
<b>Extra Claims</b>					<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 20 or HP = _____ x _____ = _____						
HP = highest number of total claims paid for, if greater than 20.						
<b>Indep. Claims</b>					<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
<b>Extra Claims</b>					<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 3 or HP = _____ x _____ = _____						
HP = highest number of independent claims paid for, if greater than 3.						
<b>3. APPLICATION SIZE FEE</b>						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
_____ - 100 = _____	_____	_____ / 50 = _____ (round up to a whole number)	x _____ = _____			
<b>4. OTHER FEE(S)</b>						
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>
Other (e.g., late filing surcharge): <u>Information Disclosure Statement</u>						<u>\$180.00</u>

<b>SUBMITTED BY</b>		
Signature		Registration No. 61,748
Name (Print/Type)	Joseph Miller, III	Telephone 215-575-7000
		Date June 15, 2010

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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